

Michigan Supreme Court  
State Court Administrative Office  
Child Welfare Services  
**FOSTER CARE REVIEW BOARD PROGRAM**

Member Application

**Per 1989 PA 74 Sec. 5(1), "A local board shall be composed of five members who reside within the jurisdiction of the local board, and who represent to the maximum extent possible the socio-economic, racial, and ethnic groups residing within that jurisdiction." You are asked to provide information on your age, sex, ethnic origin, and socio-economic status for purposes of achieving this blend and for no other reason. No person employed by the juvenile court, Department of Human Services, or private child placement agency may serve on a local board.**

Full Name (include Maiden) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Occupation \_\_\_\_\_

If employed, place of employment \_\_\_\_\_

Total family income from previous year

[ ] less than \$14,999    [ ] \$15,000 to \$49,999    [ ] \$50,000 to \$99,999    [ ] \$100,000 and over

Are you currently a foster parent? \_\_\_\_\_

Please describe any connection to or experience with the child welfare system \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Educational Background  
**School**

**Major**

**Degree Conferred**

Educational Background <b>School</b>	<b>Major</b>	<b>Degree Conferred</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? If so, please describe:

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**Community Involvement** (e.g. church work, civic organizations, political parties, boards, commissions, etc.)  
Please highlight any areas where you have served in leadership capacities. (Attach an extra page if necessary.)

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Please describe any advocacy efforts with which you have been involved:

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The board will meet approximately one weekday per month from 8:30 a.m. to 5:00 p.m. Would you be available at this time? \_\_\_\_\_

In addition, board members will be asked to participate in advocacy efforts which may occasionally involve four to six extra hours per month. Are you able to participate in these activities? \_\_\_\_\_

Why do you wish to serve? (Attach extra page if needed)

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References (List name, **complete** address, zip code, and telephone number.)

*References reviewed by the State Court Administrative Office will remain confidential.*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please attach a current resume. (Optional)

**I UNDERSTAND THAT MY APPLICATION DOES NOT ENSURE APPOINTMENT TO A REVIEW BOARD. FURTHER, I UNDERSTAND THAT I WILL BE CALLED UPON TO ATTEND ALL REVIEWS OF MY BOARD IF APPOINTED. FINALLY, I AGREE TO ATTEND ORIENTATION AND ONGOING TRAINING AS LONG AS I SERVE ON A REVIEW BOARD.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return Applications and Consent for Criminal Background Check to one of the offices below:**

Foster Care Review Board Program  
Cadillac Building  
3034 W. Grand Blvd., Ste. 8-400  
Detroit, MI 48202  
(313) 972-3280  
FAX (313) 972-3289

Foster Care Review Board Program  
Gaylord Office  
P.O. Box 9  
Gaylord, Michigan 49734  
(989) 732-0494  
FAX (989) 731-4538

Counties served:  
Berrien, Branch, Calhoun, Cass, Genesee, Hillsdale,  
Huron, Ingham, Jackson, Kalamazoo, Kent, Lapeer,  
Lenawee, Livingston, Macomb, Monroe, Oakland, St.  
Clair, St. Joseph, Sanilac, Washtenaw, Wayne.

Counties served:  
Alcona, Alger, Allegan, Alpena, Antrim, Arenac,  
Baraga, Barry, Bay, Benzie, Charlevoix, Cheboygan,  
Chippewa, Clare, Clinton, Crawford, Delta, Dickinson,  
Eaton, Emmet, Gladwin, Gogebic, Grand Traverse,  
Gratiot, Houghton, Ionia, Iosco, Iron, Isabella, Kalkaska,  
Keweenaw, Lake, Leelanau, Luce, Mackinac, Manistee,  
Marquette, Mason, Mecosta, Menominee, Midland,  
Missaukee, Montcalm, Montmorency, Muskegon,  
Newaygo, Oceana, Ogemaw, Ontonagon, Osceola,  
Oscoda, Otsego, Ottawa, Presque Isle, Roscommon,  
Saginaw, Schoolcraft, Shiawasee, Tuscola, Van Buren,  
Wexford.